

Instructions for completing the School/Facility Annual Immunization Survey

Schools should use these instructions as a guide to complete the survey form included in the packet and then return the **completed survey form, worksheet, and credentialed signature page** (NEW THIS YEAR) to your local health department no later than **December 31, 2013**.

The health department will then forward the survey materials to:

Hollie Sands, MPH
Kentucky Immunization Program
275 E. Main Street, HS2E-B
Frankfort, KY 40621

The survey form cannot be changed because its content is written in the legislation (for further details, refer to 902 KAR 2:055). The following instructions are intended for clarity and to explain how to complete the survey.

DEMOGRAPHIC INFORMATION	
To be filled out on survey	Instructions
County:	Enter the name of the county where your school is located.
School/Facility Name:	Enter the name of your school or facility.
Address: City: State: ZIP Code:	Enter the address; including city, state, and ZIP Code, for the school/facility.
Phone Number:	Enter the telephone number of the school/facility, with area code.
The following fields to be completed are located at the bottom of the survey	
Name of person completing this form:	Enter the name of the person completing this form.
Date:	Enter the date on which this form is being filled out.

If you are a school/facility which has a combination of Preschool/ Day Care/ Head Start, Kindergarten, and Sixth Grades, please remember to fill out the corresponding survey and worksheets for each grade level.

TYPE OF FACILITY	
To be filled out on survey	<input type="checkbox"/> Private <input type="checkbox"/> Public
Instructions	Please check in the appropriate box if the school/facility is Public or Private.

Instructions for completing the School/Facility Annual Immunization Survey (*continued*)

These instructions pertain to the survey included in the packet. The survey form cannot be changed because its content is written in the legislation (for further details, refer to 902 KAR 2:055). The following instructions are intended for clarity and to explain how to complete the survey.

NUMBER OF CHILDREN	
To be filled out on survey	Instructions
Total number of children in the grade/group being reported: <u>**New reporting guidelines this year for all grade levels**</u>	<p><u>For Head Start Programs, Day Care Centers and Preschools</u> Enter the number of children aged <u>19 months through 5 years</u> whose birthdays fall between August 1, 2008--December 31, 2011 and are enrolled at the time the survey is completed. The immunization status of these children will be reported on this form and all remaining questions pertain <u>ONLY</u> to these children.</p> <p><u>For kindergarten and sixth grade</u> Enter the number of children enrolled in these grade levels at the time the survey is completed. (DO NOT include children who are only receiving services if they are enrolled at another facility.) The immunization status of these children will be reported on this form. All remaining questions pertain <u>ONLY</u> to these children.</p>

*****NOTE***** The Number of children with current or provisional immunization certificates **AND** the Number of children who **DO NOT** have a certificate **AND** the Number of children with medical exemptions **AND** the Number of children with religious exemption certificates **MUST EQUAL** to the Total number of children in the grade/group being reported.

Number of children with current, provisional, or expired immunization certificate	Enter the number of children who have a current, provisional or expired Immunization certificate on file at your school/facility.
Number of children with medical exemption	Enter the number of children who have a medical exemption form on file.
Number of children with religious exemption	Enter the number of children who have a religious exemption form on file.
Number of children who <u>DO NOT</u> have an Immunization Certificate	Enter the number of children who <u>DO NOT</u> have an immunization certificate on file.

EQUALS TOTAL

Instructions for completing the School/Facility Annual Immunization Survey (*continued*)

These instructions pertain to the survey included in the packet. The survey form cannot be changed because its content is written in the legislation (for further details, refer to 902 KAR 2:055). The following instructions are intended for clarity and to explain how to complete the survey.

VACCINE DOSE SUMMARY

Use the School/Facility Annual Immunization Survey Worksheet OR Infinite Campus Dose Count Totals (if available) to assist in filling out this section.

To be filled out on survey	Instructions	**Notes**
4+ Doses of DTaP/DTP/DT	Enter the total number of children who have 4 or more doses of DTaP/DTP or DT.	<p><u>Daycare, Head Start, or Preschool</u></p> <p>†MMR and Varicella <u>Only include</u> children 19 months to 47 months of age in the count for one dose each of MMR and Varicella.</p> <p><u>Only include</u> children 48 months to 5 years of age in the count for two doses each of MMR and Varicella.</p> <p><u>DO NOT INCLUDE</u> children with two doses of MMR or Varicella as part of your count for having at least one dose of MMR or Varicella. This is considered as double counting.</p> <p><u>Sixth Grade</u></p> <p>‡Hepatitis B Sixth graders can have either 3 doses of Hepatitis B OR 2 doses of the adult Hepatitis B according to the catch-up schedule.</p> <p>††Tdap/Td Booster Sixth graders are <u>only</u> required to have either 1 dose of Tdap OR 1 dose of Td booster, not necessarily both. (If a child has received both vaccines, which is rare event, only count this child as having a Tdap.) It is very important to only count children one time! **NOTE**If the sum of the numbers entered on the survey for Tdap and Td booster are greater than the total number of children you entered at the top of the survey, one or more children were double counted. You will need to go back and re-assess each child's vaccine status.</p>
3+ Dose of HIB	Enter the total number of children who have 3 or more doses of HIB. **Daycare, Head Start, Preschool Only**	
4 + Doses of PCV	Enter the total number of children who have 4 or more doses of PCV. **Daycare, Head Start, Preschool Only**	
3+ Doses Polio	Enter the total number of children who have 3 or more doses of Polio.	
3 Doses of Hepatitis B (or alternate adolescent 2 dose schedule)†	Enter the total number of children who have 3 or more doses of Hepatitis B. For sixth graders, if the child does not have the Hepatitis B doses filled out on the immunization form; include them if they have 2 doses of adult Hepatitis B.	
MMR† **Please see Notes section for reporting different age groups**	Enter the total number of children who have 2 doses of MMR	
Varicella† **Please see page 4 for reporting children who have had chickenpox**	Enter the total number of children who have 1 or more doses of Varicella or chickenpox	
1 dose Tdap <u>OR</u> 1 dose Td booster†† **Please see the Notes section on this page as reporting instructions have changed**	Enter the total number of children who have received 1 dose of Tdap <u>OR</u> 1 dose of the Td booster. **Sixth Graders Only**	
1 + Dose MCV	Enter the total number of children who have 1 or more doses of MCV. **Sixth Graders Only**	

Instructions for completing the School/Facility Annual Immunization Survey (*continued*)

Varicella and Chickenpox

Each year we receive dozens of questions about how to report Varicella and chickenpox.

- “Does a child require another shot of Varicella if they got the chickenpox?”
- “Does an infant need a Varicella shot?”
- “I have a four year old who has two shots of Varicella. Do I also put them in the box for 19-47 months on the survey because they did get their first shot between 19-47 months?”

We'll answer these questions a little later, but first, let's look at what Kentucky State Law says in 902 KAR 2:060 about Varicella and chickenpox.

“At least nineteen (19) and less than forty-eight (48) months of age and has received at least: One (1) dose of varicella, unless a healthcare provider states that the child has had a diagnosis of typical varicella disease or verification of a history of varicella disease by a healthcare provider or a diagnosis of herpes zoster disease or verification of a history of herpes zoster disease by a healthcare provider.”

OR

“At least forty-eight (48) months and less than five (5) years of age and has received at least: Two (2) doses of varicella, unless a healthcare provider states that the child has had a diagnosis of typical varicella disease or verification of a history of varicella disease by a healthcare provider or a diagnosis of herpes zoster disease or verification of a history of herpes zoster disease by a healthcare provider.”

This means that a parent or guardian cannot just tell you that their child had the chickenpox. A **healthcare provider** has to state that the child had a history of chickenpox or the shingles virus, which is indicated on the Immunization Certificate. Unless the child has had the chickenpox, or has an exemption certificate, **all children are required to have the age-appropriate doses of the Varicella vaccine.**

Now, we are going to answer the questions above **only in the context of completing the survey.**

- If a child has had the chickenpox, it is not necessary for them to have another dose of Varicella for him or her to be current. Having the chickenpox means that this child is current and up-to-date on his or her Varicella and should be counted as having the age-appropriate doses. There may be a child who has already received one, or in some instances two shots of Varicella and still contracted the chickenpox. This is not common, but it is possible. We ask that you indicate this on the worksheet using the key below:

**Child had chickenpox with Zero (0) doses of Varicella=CP
Child had chickenpox with One (1) dose of Varicella=CP+1
Child had chickenpox with Two (2) doses of Varicella=CP+2**

- If you are completing the survey on an infant, the child is **too young** and you should not be looking at this child's certificate. The Day Care, Head Start, and Preschool Survey only surveys children between the ages of 19 months and 5 years of age. **DO NOT INCLUDE ANY CHILDREN AS PART OF THE TOTAL NUMBER OF CHILDREN ON YOUR SURVEY IF THEIR BIRTHDAYS ARE BEFORE August 1, 2008 or AFTER December 31, 2011.** Please see the Day Care, Head Start and Preschool Worksheet Example for additional information to determine a child's age group.
- For the purposes of our survey, we are **ONLY interested in the current immunization status of a child, at his or her present age.** Just because Sally received her first Varicella between 19-47 months, doesn't mean she is current when she is 4 years old. She still needs to have received the second Varicella between four and five years of age to be current. Please keep all of the 19-47 months' results separate from the results of the 48 months to 5 years of age as these are two different age groups with different requirements. **ONLY ASSESS EACH CHILD'S IMMUNIZATION STATUS AT THEIR CURRENT AGE.**

If you have more Varicella or chickenpox questions, please feel free to call our office at 502-564-4478.